

<b>Case Number:</b>	CM13-0026024		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	02/03/2010
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient was a 48-year-old male who sustained an unspecified injury on 02/03/2010 to the right hand. The documentation dated 04/14/2003 indicates the patient participated in occupational therapy for the right hand. The patient underwent an electromyogram (EMG) on an unknown date which had the impression of right carpal tunnel syndrome noted. The patient was subsequently treated on 02/04 with a right carpal tunnel release and a right ulnar nerve decompression at the wrist. The patient had initial examination for occupational therapy submitted for review dated 05/14/2013. The initial examination noted the patient's range of motion for the wrist as follows: 70 degrees with extension, 30 degrees with flexion, 18 degrees with radial deviation, and 25 degrees with ulnar deviation. Upon re-evaluation on 09/26/2013 the patient had completed 12 visits of hand therapy since surgery of his wrist. The range of motion was not documented upon reassessment. It was noted the patient had a healing volar incision over the right wrist which was obviously a recent incision. On 09/16/2013, it was noted the patient was hesitant to pursue right cubital tunnel release surgery as he had had difficulty receiving therapy postoperatively in the past. It is unclear if the patient underwent another carpal tunnel release surgery following that examination.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**12 VISITS OF CERTIFIED HAND THERAPY FOR THE RIGHT WRIST AND HAND:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 98-99.

**Decision rationale:** The request for 12 visits of certified hand therapy for the right wrist and hand is non-certified. The California MTUS recommends active therapy be based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. The examination dated 09/26/2013 noted that the patient stated he was continuing a home exercising program and stretching routine as tolerated. Documentation failed to note the patient's current range of motion, flexibility, strength, endurance and how they relate to activities of daily living. Additionally, the guidelines recommend 8 to 10 visits over 4 weeks of physical therapy patients with neuralgia. The patient was noted to have participated in 12 visits of physical therapy for the hand. The outcome of previous therapy was not submitted for review. 12 additional sessions would exceed guideline recommendations. It is additionally noted that the request does not give the duration of treatment. The proper duration of treatment is necessary to allow for a re-evaluation of the patient's condition and efficacy of treatment to allow for modification as needed. Given the information submitted for review, the request for 12 visits of certified hand therapy for the right wrist and hand is non-certified.